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If continuation sheet 1 of 5

AND PLAN	INT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION		E SURVE
			A. BUILDING: 01 - MAIN BUILDING 01		COM	IPLETED
<del>_</del>		TN3309	B. WING		05/	19/201
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CIT	Y, STATE, ZIP CODE	1 03	13/201
LIFE CA	RE CENTER OF RED	BANK 1020 RL	JNYAN DR			
		CHATTA	NOOGA, T	N 37405	. 11	
(X4) ID PREFIX			CII	PROVIDER'S PLAN OF CORRI	ECTION	1 6
TAG	REGULATORY DR L	SC IDENTIFYING INFORMATION)	- PREFIX	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED-TO THE AP DEFICIENCY)	HOULD BE PROPRIATE ''	COM D.
N 831	1200-8-608 (1) Bu	rilding Standards	N 831	N 831	· <del>-</del>	1
			. !	The area where the whirlpool	tith was	
j	Maintain the conditi	shall construct, arrange, and on of the physical plant and		located was repaired by the m	aintenan <i>ce</i>	
	i rije overali Udlelba i	10Me environment in cush a		staff on June 13, 2014.	~*************************************	
	i manner that the safe	ety and well-being of the				
	residents are assure	∍d,		A through inspection of the cei	nter w≄<	
				conducted by the maintenance	staff	
			1	to ensure the overall environm		Ì
· i	This Date to the			was being well maintained.		ļ
ł	This Rule is not me	t as evidenced by: on and interview with the		, , , , , , , , , , , , , , , , , , , ,		
	Assistant Maintenan	ce Director, it was	İ	An educational in-service was g	iven	
ĺ	determined that the	facility failed to maintain the		To the maintenance director of	n 6/4/14	
1	physical plant to ens of the residents.	ure the safety and well-being		Regarding conducting overall	. 0, -, 1-	1.
	or the residerits.			Maintenance of the center. The	<b>5</b>	
1	The finding includes:	:	ĺ	maintenance director and/or d		
İ	Observation			will conduct monthly center ins	spections	
	1:34 n m revealed t	rview on May 20, 2014 at hat a whirlpool tub was	[	to ensure the overall environm	ent is	
	removed in the East	nat a whiripool tub was Shower Room which	ſ	safe well maintained. The resul		
1 .	exposéd sharp ceran	nic tile edges and a wood		inspections will be reviewed wi		i
- 1	poard was used to cl	OSE the wall where the	Ì	administrator monthly.		•
	hinumbing lixtures bac	previously been located.		}		
\ ·	This finding was verif	ied by the Assistant		The administrator will submit the	ne l	
, ,	Maintenance Director	1 and acknowledged by the	1"	inspection report results to the		
"	racility Administrator	during the exit conference		Quality Assurance Committee,	i	
1	on May 20, 2014.			consisting of the medical direct	or ·	
1	1200-08-0608 (1)			the director of nursing, and at le	east	
1	A nursing home shall	construct, arrange, and		three other staff members for the	hree	
1.0	naintain the condition	) Of the physical plant and		months at which point the Qual		-
ı n	nanner that the safet	me environment in such a y and well-being of the	!	Assurance Committee will deter	mine	
l n	esidents are assured	, one were would of file	ļ	the necessity for further monthl		
			ļ	review. The administrator will	′	
N 832 1	200-8-608 (2) Build	ing Standards	N 832	monitor to assure continued		
!				compliance.	Z.	والمحال
RATORY D	th Care Facilities IRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGN	ATISD"			-211
	Par Rosens	MENTALOERIATIVE'S SIGN	AT UKE	In I J	tx a	B) DATE
E FORTI				Mariatratar	Lle	1/14

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**LCCRB** PAGE 30/33 Division of Health Care Facilities FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: 01 - MAIN BUILDING 01 COMPLETED TN3309 B, WING 05/19/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF RED BANK 1020 RUNYAN DR CHATTANOOGA, TN 37405 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PRÉFIX Ю (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) PREFIX REGULATORY OR LEC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE · TAG··· COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG.. DATE .... DEFICIENCY) N 832 Continued From page 1 N 832 N 832 (2) After the applicant has submitted an application and licensure fees, the applicant must The door to the dietary was replaced submit the building construction plans to the by the maintenance staff on department. All new facilities shall conform to the 2006 edition of the International Building Code, June 9, 2014. Room 101 was converted except for Chapter 11 pertaining to accessibility back to a non treatment room until and except for Chapter 27 pertaining to electrical plans can be submitted. requirements; the 2006 edition of the International Mechanical Code; the 2006 edition of the International Plumbing Code, the 2006 No other areas were found to edition of the International Fuel and Gas Code; be non-complaint. the 2006 edition of the National Fire Protection Code (NFPA) NFPA 1 including Annex A which The maintenance director will review incorporates the 2006 edition of the Life Safety Code; the 2010 Guidelines for Design and code requirements prior to making Construction of Health Care Facilities; the 2005 any changes in the building and edition of the National Electrical Code; and the will submit any requests to the 2005 edition of the U.S. Public Health Service Food Code as adopted by the Board for Licensing administrator for any needed action. Health Care Facilities. The requirements of the 2004 Americans with Disabilities Act (A.D.A.), and The administrator will submit the the 1999 edition of North Carolina Handicap change requests to the Accessibility Codes with 2004 amendments apply to all new facilities and to all existing facilities that Quality Assurance Committee, are enlarged or substantially altered or repaired consisting of the medical director. after July 1, 2006. When referring to height, area the director of nursing, and at least or construction type, the International Building three other staff members for three Code shall prevail. Where there are conflicts between requirements in local codes, the above months at which point the Quality listed codes and regulations and provisions of Assurance Committee will determine this chapter, the most stringent requirements the necessity for further monthly shall apply. review. The administrator will monitor to assure continued compliance. This Rule is not met as evidenced by:

determined the facility failed to submit building Division of Health Care Facilities

Based on observation and interview, it was

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STATEM	n of Health Care Fac				FORM	APPROVE
- STOCKARCHON		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING		(X3) DATE SURVEY COMPLETED	
		TN3309			O.E.A	
NAME OF	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY.	STATE, ZIP CODE		9/2014
LIFE CA	RE CENTER OF RED	BANK 1020 RU	NYAN DR			
(X4) ID	T	CHATTA TEMENT OF DEFICIENCIES	NOOGA, TN	37405		
PREFIX	TOTAL PERIODENCY	MUST BE PRECEDED BY FULL SCHDENTIFYING INFORMATION)	PREFIX TÃO	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)		(X5) COMPLETE DATE
N 832	Continued From page	ge 2	N 832		<del></del>	
	construction plans to renovation and alter	o the department for a ration to the building.				
,	The findings include	:				
	at 12:39 p.m., revea kitchen, from the din to allow for an exten dining room. During	interview with the facility ce director on May 20, 2014 led that a door leading to the ing room, had been enclosed sion of a counter top in the the interview, it was lans had been submitted to				·
	revealed that room 1 both in-patient and or interview with the Fathat no plans had been start or many start on the fathat no plans had been start or plans had been start or plans had been start or plans had been start or plans had been start or plans had been start or plans had been start or plans had been start or plans had been start or plans had been start or plans had been start or many	nterview with the Physical / 20, 2014 at 12:54 p.m. 01 was now being used for utpatient physical therapy, cility Administrator revealed an submitted to show a air pressure requirements				
ĺ	Manuchiance Director	verified by the Assistant and acknowledged by the during the exit conference	ę -	Compression and the second		
1 4	and needsure tees, th	s submitted an application e applicant must submit the plans to the department.				
N1111 1	1200-8-6- <sub>-</sub> 11(4)(h) Re	cords and Reports	N1111			•
10	or the following record Nonths following their	s shall retain legible copies s and reports for thirty-six issuance. They shall be				į
n	naintained in a single	file and shall be made	J		1	

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ALEME	n of Health Care Faci NT OF DEFICIENCIES					MAPPR	
NO PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DAT	E SURVE		
			A. BUILDIN	G: 01 - MAIN BUILDING 01	COV	APLETED	
		ТN3309	B. WING				
AME OF PROVIDER OR SUPPLIER			DDRESS, CITY, STATE, ZIP CODE			05/19/201	
FCΔ	RE CENTER OF RED		DURESS, CITY NYAN DR	, STATE, ZIP CODE			
- 47	NE GENTER OF RED	CHATTA)	VOOGA, TN	37405			
(4) ID REFIX	SUMMARY STA	TEMENT OF OFFICIANCICS	ID	PROVIDER'S PLAN OF CORRE	OTION		
AG -	NEGOZATORY ORC	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)::	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	31 II N PE	COMP COMP DA	
1111	Continued From pag	ge 3	N1111	N1111	<del></del>	+	
	available for inspect	ion during normal business					
•	hours to any person	who requests to view them;	İ	The inspection reports were		İ	
. ]			1	emailed to the surveyor on 5/2	0/14		
	Care equipment,	cords of all safety and patient	]		U/ #4.		
1				Ail other inspection reports we	ro		
	Routine maintenance shall be administered according to the manufacture 's recommended		] '	available for viewing.	Ç	1.	
ĺ	maintenance for the	above equipment					
		•		The maintenance director will p	rovida		
1	2. Ensure that facili	ity staff or contract personnel		the administrator with the inspe	ortion		
	are appropriately trained to conduct safety and patient care equipment inspections.			records notebook prior to going	CHOH	1	
	Easour core admbile	ant inspections.		vacation.	VII		
1				The administrator will		<u> </u>	
- {				The administrator will review th	e		
j				Inspection reports to the Quality Assurance Committee,			
-	This Rule is not met	as evidenced by:	i	consisting of the medical director	_	1	
۱,	pased on record revi	ew and interview, the facility.		the director of nursing, and at le	r,	l	
11	ianao fo wawisiyisiy iyet	Dection testing and		three other staff members for the	ast		
	maintenance reports	for building safety er allow review during		months at which point the Quali	iree		
ŀ	ousiness hours.	or enow review during		Assurance Committee will deter	ry		
-	Fha staute to the co	, ,	ļ	the necessity for further monthly	ກາບe		
'	The finding includes:	· · · · · · · · · · · · · · · · · · ·	·	review. The administrator will	′ ∫		
F	Record review and int	erview with the Facility		monitor to assure continued			
- 1 -	ruministrator, on Mav	/ 20, 2014 at 10:44 am		compliance.	.	واعدا	
[ [10	evealed no sprinkler :	SVStem records available for t	1	· · · · · · · · · · · · · · · · · · ·	ļ	رادعات	
- 111	eview for the period o 1013.	of third and fourth quarter of	İ	-	ļ		
				•	,	-	
Ţ	his finding was verifie	ed and acknowledged by	1	•	. ]		
լտ	ie racility administrato	or during the evit i			Ì		
"	onference on May 20	, 2014.			ł		
0	i me ioliowing tecords	shall retain legible copies s and reports for thirty-six					
f Healt	h Care Facilities						

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Division	of Health Care Facil	ities			FORM	): 05/22/20 I APPROV
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	(X3) DATE	(X3) DATE SURVEY COMPLETED	
		TN3309	B. WING_	054		
NAME OF	PROVIDER OR SUPPLIER	STREET A	JDRESS, CITY	. STATE, ZIP CODE	[ US)	19/2014
LIFE CAI	RE CENTER OF RED E	IANK 1020 RU	NYAN DR			
(X4) ID PREFIX TAG:	CHOCK DEPICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	NOOGA, TN	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APP	Mirabe	(XS) COMPLE DATE
N1111	Continued From pag	e 4 ir issuance. They shall be	N1111	DEFICIENCY)	,	
j	available for inspection	e file and shall be made on during normal business who requests to view them:				
!	(h) Maintenance reco care equipment. 1. Routine maintenan	ords of all safety and patient				
	according to the man maintenance for the	Macture 's rooms and die		,	j	
		-		-		
	-· ·.	-	- .		•	
]						
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on of Health	Care Facilities					
E FORM		8899	FL2	2P <b>21</b>	If continuation	aboel 8 of